

**INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION  
HOUSING AND COMMUNITY SERVICES SECTION  
EMERGENCY SHELTER GRANT PROGRESS REPORT  
  
SEMI-ANNUAL REPORT**

**Please submit this report to Lori Dimick, Emergency Shelter Grant Specialist by the appropriate date.**

Grantee Name	_____
	(As listed with the Secretary of State's Office)
Approved Subgrantees	_____
Report Completed By	_____
Phone and e-mail address	_____
Agreement Number	_____
Agreement Period	<u>Contract July 1, 2004 thru June 30, 2006</u>
Report Period	July 1, 2005 December 31, 2005 <b>(Due January 15, 2006)</b>

**A. STATE AWARD**

(Cross check this section with your Monthly/Quarterly Claim Forms)

**EXPENDITURE STATUS EXPENDITURES**

	<u><b>7/1 – 12/31/2005</b></u>
Essential Services	_____
Operations	_____
Homeless Prevention	_____
Total State Award Expended	_____

**B. RECIPIENT MATCH FUND EXPENDED**

**(Please keep in mind that you do not want to over match your funding)**

	<u><b>7/1 – 12/31/2005</b></u>
Cash	_____
In-Kind	_____
Total Recipient Match Funds	_____

**C. FUNDING SOURCES**

**7/1 – 12/31/05**

State ESG \_\_\_\_\_  
 Other Federal Program \_\_\_\_\_  
 Local Government \_\_\_\_\_  
 Private \_\_\_\_\_  
 Fees \_\_\_\_\_  
 Other \_\_\_\_\_

#### **D. PROGRAMS AND SERVICES**

1. Indicate the programs and services that your agency provides with a (X).

Emergency Shelter Facility	_____	Transitional Housing	_____
Vouchers for Shelter	_____	Outreach	_____
Drop In Center	_____	Food Pantry	_____
Soup Kitchen/Meal Distribution	_____	Health Care	_____
Mental Health	_____	HIV/AIDS Services	_____
Alcohol/Drug Program	_____	Employment	_____
Child Care	_____	Homeless Prevention	_____
Other	_____		

2. What is the proposed number of persons you plan to serve this fiscal year? \_\_\_\_\_

#### **E. SHELTER TYPE AND BED CAPACITY**

1. Is your agency a residential or non-residential shelter? \_\_\_\_\_

2. Enter the number of beds, cots, cribs, etc. that your facility has access to by the following categories and indicate how many people were housed in them during this fiscal year. (Indicate the maximum capacity of beds available)

For Non-Residential Shelters – If you have access to Hotels/Motels, please indicate below:

	<b><u># Of Beds Available</u></b>	<b><u># Housed July 1<sup>st</sup> – December 31st</u></b>
Barracks	_____	_____
Group/Large House	_____	_____
Scattered Site Apts.	_____	_____
Single Family Detached House	_____	_____
Single Room Occupancy	_____	_____
Mobile Home/Trailer	_____	_____
Hotel/Motel	_____	_____
Other _____	_____	_____

3. How many years has your operation been providing services to the homeless? \_\_\_\_\_ years

4. Is your shelter available: Year - round \_\_\_\_\_ Seasonal \_\_\_\_\_?

5. Is your shelter operated by: Paid Staff \_\_\_\_\_ Volunteers \_\_\_\_\_?

6. If your operation is a shelter, what is the average number of days per stay?

Families \_\_\_\_\_ Days      Singles \_\_\_\_\_ Days

7. How much did your shelter provide to clients in Rent/Mortgage Assistance and Utility Assistance?

	JULY 1-DEC 31 2005
TOTAL	
Rent/Mortgage Assistance	\$ _____
Utilities Assistance	\$ _____

8. How many **homeless** persons did you turn away during this reporting period?

In Families \_\_\_\_\_ Persons      Singles \_\_\_\_\_ Persons

9. On July 30, 2005, how many beds were occupied? \_\_\_\_\_

Comments – Please state any significant changes or achievements this coming year in your program.

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